

## TREATMENT PROTOCOL: TACHYCARDIA WITH PULSES (ADULT)

1. Basic airway
2. Oxygen/pulse oximetry
3. Cardiac monitor: document rhythm and attach ECG strip
4. Advanced airway prn
5. Venous access
6. Consider underlying causes (e.g., dehydration, sepsis, trauma, etc.)

NARROW QRS		WIDE QRS	
Adequate Perfusion	Poor Perfusion	Adequate Perfusion	Poor Perfusion
<p>7. If hypovolemia is suspected, treat by Ref. No. 1246, Non-Traumatic Hypotension Treatment Protocol</p> <p>8. If heart rate equal to or greater than 150bpm: Valsalva maneuver</p> <p>9. If unresponsive to Valsalva <b>Adenosine ①②</b> 6mg rapid IV push Immediately follow with 10-20ml normal saline rapid IV flush</p> <p>10. If no conversion: <b>Adenosine</b> 12mg rapid IV push Immediately follow with 10-20ml normal saline rapid IV flush</p> <p>11. Reassess for potential deterioration</p> <p>12. <b>ESTABLISH BASE CONTACT (ALL)</b></p>	<p>7. If atrial fibrillation/flutter is identified, establish base contact ③④</p> <p>8. If heart rate equal to or greater than 150bpm: <b>Adenosine ①②</b> 12mg rapid IV push Immediately follow with 10-20ml normal saline rapid IV flush If no conversion: may repeat one time in 1-2min</p> <p>9. Synchronized cardioversion ⑤⑥⑦ May repeat one time</p> <p>10. <b>ESTABLISH BASE CONTACT (ALL)</b></p> <p>11. If awake, consider sedation prior to cardioversion: <b>Midazolam</b> 1-2mg slow IV push, titrate for sedation 2.5mg IM or IN if unable to obtain venous access May repeat every 5min, maximum total adult dose 10mg</p> <p>12. Synchronized cardioversion ⑥⑦ May repeat to a total of 4</p>	<p>7. If heart rate equal to or greater than 150bpm: <b>Adenosine ①②</b> 6mg rapid IV push Immediately follow with 10-20ml normal saline rapid IV flush</p> <p>8. If no conversion: <b>Adenosine</b> 12mg rapid IV push Immediately follow with 10-20ml normal saline rapid IV flush</p> <p>9. Reassess for potential deterioration</p> <p>10. <b>ESTABLISH BASE CONTACT (ALL)</b></p>	<p>7. Synchronized cardioversion ⑤⑦ May repeat one time</p> <p>8. <b>ESTABLISH BASE CONTACT (ALL)</b></p> <p>9. If awake, consider sedation prior to cardioversion: <b>Midazolam</b> 1-2mg slow IV push, titrate for sedation 2.5mg IM or IN if unable to obtain venous access May repeat every 5min, maximum total adult dose 10mg</p> <p>10. Synchronized cardioversion ⑥⑦ May repeat to a total of 4</p>

### SPECIAL CONSIDERATIONS

**TREATMENT PROTOCOL: TACHYCARDIA WITH PULSES (ADULT)**

- ❶ Contraindications: 2<sup>nd</sup> or 3<sup>rd</sup> Degree Heart Blocks; History of Sick Sinus Syndrome
- ❷ Use caution if patient is taking Persantine or Tegretol.
- ❸ Consider cardioversion for uncontrolled atrial fibrillation with hemodynamic instability. Consult base hospital physician for all patients experiencing atrial fibrillation.
- ❹ Cardioversion preferred if unconscious.
- ❺ If atrial flutter identified or digitalis toxicity suspected, consider reduced energy (50J) or consult with base hospital.
- ❻ Biphasic settings may vary; refer to manufacturer's guidelines, if unknown, use highest setting Monophasic at 100J, 200J, 300J, 360J.
- ❼ If monitor does not discharge on "sync", turn off sync and defibrillate.